

## Abstracts

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2002) were supported by adequate reliability data (coefficient alpha > 0.7) and multiple validation studies. Overall, when data was available, in a majority of the cases, measures met study standards. **CONCLUSION:** Evaluation of patient satisfaction with pharmacist cognitive services is critical to optimizing patient care in a clinical or community setting. To accomplish this, precise and valid measures are vital; however, no one instrument met all criteria. Lack of reported data warrants further research documenting an instrument's psychometric properties, ease of administration, and ability to capture the multidimensional nature of patient satisfaction.

PMC25

#### A MEDIAN MODEL OF US EQ-5D HEALTH STATE PREFERENCES

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**OBJECTIVES:** The US Valuation of the EQ-5D Health States was conducted to predict US societal preferences for the 243 health states described by the EQ-5D. The model used to generate these predictions (i.e., the D1 model) addressed a number of important conceptual and statistical issues. However, it has been criticized for being too complex and for failing to account for the non-normal distribution of health state preferences. Furthermore, the model's developers have been faulted for applying an arbitrary transformation to the values for worse-than-death health states prior to estimation. This paper describes the development of an improved model for predicting US preferences for EQ-5D health states. **METHODS:** Model parameters were estimated using a probability-weighted least absolute deviations estimator. Variance estimation proceeded using a replication-based jackknife method. The resulting model predictions were contrasted with those of the D1 model. The fit of a median model for data collected in the Measurement and Valuation of Health study was also studied. **RESULTS:** When applying no transformation to the values for states worse than death, the best-fitting model included only fixed effects for moderate or severe problems in each of the 5 EQ-5D dimensions and excluded a constant. This specification yielded a squared rank correlation between observed and predicted values of 0.363, a median absolute error of 0.025, and a rank correlation between median observed and predicted values of 0.991. The predicted median preferences ranged from 1.00 for full health to -0.80 for the worst possible health state. **CONCLUSION:** The application of a linear model to the US valuation data cannot be justified given the non-normal distribution of health state preferences. A median model of preferences is superior to other available specifications. In applications requiring US societal preferences, it is suggested that the predictions of the model discussed here be used instead of those of the D1 model.

PMC26

#### EFFECT OF CHRONIC DISEASES ON HEALTH SERVICES UTILIZATION

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**OBJECTIVES:** Little research concerning to the effect of comorbidity on Health Service Utilization was conducted in field of General Practice. We aim to explore the effect of common chronic diseases on the Health Service Utilization. **G** **METHODS:** Cross-sectional design was conducted. 750 Sample of patients was obtained via three stages of cluster sampling. Each patient was asked whether or not he or she contracted fol-

lowing eight common chronic diseases diagnosed by doctor, i.e., hypertension, diabetes, heart attack of any category, apoplexy, asthma or other respiratory disease (COPD), chronic arthritis, mental disease and other disease lasting over four weeks. Our research focuses on the relation between common chronic diseases and Health Service Utilization (monthly consultation rate, annual consultation rate and annual hospitalization rate). **RESULTS:** Our research has shown that Health Service Utilization of each chronic disease is all higher than reference group. The overall number of chronic diseases has the linear relation with annual consultation rate, monthly consultation rate and annual hospitalization rate separately. Meanwhile, increasing one type of chronic disease leads to adding additional 8.3 annual consultation rate; the OR value of annual hospitalization rate is 1.786 which hints that increase one type of chronic diseases will induce more 78.6% relative risk of possible hospitalization rate. Furthermore, the other seven types of chronic diseases, except for apoplexy, have a positive linear relation with annual consultation rate; diabetes, cardiopathy and apoplexy have respectively positive linear relation with annual hospitalization rate. **CONCLUSION:** Our systematical approach addressed the scarcity that most researches in China only focus on single disease, especially in the field of General Practice Research. Our research supports the assumption that common chronic diseases can be taken as the predicting factor for risk adjustment model and can predict health services utilization.

PMC27

#### EFFECT OF HEALTH-RELATED QUALITY OF LIFE (HRQOL) ON THE HEALTH SERVICE UTILIZATION FOR PATIENTS WITH CHRONIC DISEASES

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**OBJECTIVES:** Up to date in mainland China, no data has been shown the relationship between health-related quality of life (HRQOL) and health services utilization. This study is aim to confirm the hypothesis that the scale-score of the SF-36 is in linear relationship with Health Services Utilization, and to quantify its linear relationship after the confirmation of above hypothesis. **METHODS:** Cross-sectional design was conducted. Sample was obtained via three stages of cluster sampling. We use both electronic version (based on QL-Recorder) and paper version of SF-36. Data process was conducted by the structured multiphase regression model. **RESULTS:** Firstly, in terms of monthly consultation rate, the scale-score of the SF-36 separately intercepted 5.1% contribution. Secondly, with respect to annual consultation rate, the scale-score of the SF-36 solely explained 2.7% contribution. Thirdly, referring to annual hospitalization rate, the scale-score of the SF-36 explained 4.7%. Besides, our research induces that there was gender difference of the scale-score of the SF-36 on Health Service Utilization, namely, the female are higher than the male. **CONCLUSION:** Our research proved, for the first time in Mainland China, that the hypothesis on linear relation between the scale-score of the SF-36 and Health Service Utility. We further calculated in quantification, the separate contribution rate of the scale-score of the SF-36 to Health Service Utilization.

PMC28

#### JUSTIFYING THE USE OF COST MINIMIZATION ANALYSIS: REPORTING COMPARATORS' EQUIVALENCE

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